

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | HL | | 5-30-01 |
| O.I.P.E. CLASSIFIER | | 720-13 | 6/7/01 |
| FORMALITY REVIEW | HA | 720 | 8-25-01 |
| RESPONSE FORMALITY REVIEW | SS | 573 | 08-23-01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral).... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
|----------------|------|
| Final Original | |
| 1 | ✓ |
| 2 | ✓ |
| 3 | ✓ |
| 4 | ✓ |
| 5 | ✓ |
| 6 | ✓ |
| 7 | ✓ |
| 8 | ✓ |
| 9 | ✓ |
| 10 | ✓ |
| 11 | ✓ |
| 12 | ✓ |
| 13 | ✓ |
| 14 | ✓ |
| 15 | 0 |
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| Claim | Date |
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| Final Original | |
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| Claim | Date |
|----------------|------|
| Final Original | |
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If more than 150 claims or 10 actions
 staple additional sheet here

(LEFT INSIDE)

56-617
 8-24-01